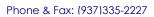


COMMERCIAL APPLICATION FOR FIRE DEPARTMENT PERMIT

Troy Fire Department

Fire Prevention Bureau

40 S. Stanfield Rd. Troy, Ohio 45373





Types of Permits: Needed: x Cost Per Item: = (1) Automatic Sprinkler Systems: x \$100 =	<u>Fee</u>
Fire Mains – Above Ground x \$100 =	
Fire Mains – Below Ground x \$100 =	
Fire Pump x \$100 =	
Sprinkler Install x \$100 =	
Sprinkler Alteration x \$100 =	
(2) A. A (2) T. A	
(2) Automatic Extinguishing System x \$100 = (CO2, FM-200, Dry/Wet Chemical, Foam, Kitchen Hood I & II)	
(3) Fire Alarm Systems	
Install \mathbf{x} \$100 =	
Alteration \mathbf{x} \$100 =	
(4) Retest of Failed Fire Protection System x \$50 =	
	
(5) Re-Inspection fee –	
(Existing Commercial Property after 2 failed re-inspections) Total Charges =	
Applicant Information	
COMPANY: CONTRACTOR LIC.#:	EXP.
ADDRESS: CLASSIFICATION:	
UL LISTING # (if applicable):	
APPLICANT NAME: EMAIL:	
PHONE: FAX:	
Project Information	
BUSINESS NAME: PROPERTY OWNER:	
PROJECT ADDRESS: CONTACT NAME:	
DESCRIPTION OF PROPOSED WORK OR NEED FOR PERMIT (for fire protection systems, please list each component)	
***All Permit Applications regarding Fire Protection Systems require ONE set of stamped plans be submitted with this applicant must notify the Fire Prevention Bureau upon completion of work to schedule all acceptance testing and/or	
Terms/Signature of Applicant	
By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable lar and regulations. Application is hereby made by the undersigned for a permit as described within this application. A fee must accompany this exempt. SUBMIT THIS FORM TO TROY FIRE DEPARTMENT.	
PRINTED NAME: SIGNATURE: D	ATE:
TFD USE ONLY:	
	/
Date Received: Inspec./Chief: Check #: Receipt #: Inspection Date:	
Plans Received (y/n): Permit: Approved / Denied Date: Permit Expiration:	_
COMMENTS:	